Rev. 10/2009

COMPREHENSIVE PUBLIC TRAINING PROGRAM CLASS REGISTRATION FORM

AGENCY CODE					
AGENCY NO.					

Course Title:						
Location/City:	D	ATE:	1 st Choice		2 nd Choice	
NOTE: We will attempt to comply with your first choice in scheduling this class; however, since the classes are filled on a first come, first served basis, you may be scheduled for either date requested. You will receive confirmation approximately three weeks prior to your scheduled date. To check the status of your application, call your agency coordinator or the CPTP office, Division of Administration, at 225-342-4739.						
PARTICIPANT INFORMATION						
Name				Employee No. or SSN:		
Department/Agency/Office						
Work Address, City, State				Job Title		
Home Address, City, State, Zip Code				Are you a supervisor?		
Work Phone No.	Fax No.	Birth	ı Date	Parish of Re	esidence	
() - E-(Mail Address:	· / -			<u> </u>		
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Supervisory Group for Civil Service Mandatory Training, if applicable: Supervisory Group 1 Supervisory Group 2 Supervisory Group 2						
Accommodation Needed (ADA) If yes, please indicate No Yes what is needed:						
The following information is used to compile equal opportunity reports. You are not legally obligated to provide this information.						
White African-American	American Indian Hispanic		Asian Other	[Male Female	
Highest Level of Education Completed						
APPROVAL SIGNATURES						
NOTICE TO AGENCIES:						
The Management Development classes are designed for managerial/supervisory personnel. CPTP considers agency approval to be authorization for the participant to travel to the city where the requested class will be held.						
	Applicant				Data	
Applicant					Date	
Supervisor					Date	
Agency Approval					Date	
Agency CPTP Coordinator					Date	
Return the completed form to your Agency CPTP Coordinator:						
Address and City:						
Phone and Fax Numbers:						